

STD. 262 (REV. 12/93)

**Statement on Reverse Side**

Page 1 of 1 Pages

**Sandra Perez**

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DEPARTMENT OF MANAGED HEALTH CARE

**Director**

M01

## Office of the Patient Advocate

6000

**980 - 9th Street, Suite 500**

(916) 324-6407

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95814

(1) MONTH / YEAR		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION				(8)	(9)	
March 2009		LOCATION	LODGING	Break-fast	Lunch	O.T., LT, N/C, Relo. or Dinner	INCIDEN- TALS	(A) Cost of Trans.	(B) Type Used	Tolls, Parking	(D) Private Car Use		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME	Where Expenses Were Incurred									Miles	Amount		
30-Mar	6:30 am 8:55 am	Sacramento San Diego							PC, A		15	8.78		\$8.78
	12:00 pm 3:45 pm	San Diego Sacramento							A, PC	9.00	12	6.60		\$15.60
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		9.00	27	15.38	0.00	\$24.38
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$	24.38

PAID BY REVOLVING FUND CHECK #

(17) SPECIAL EXPENSE AUTHORIZATION SIGNATURE AND TITLE 9 (See Item 17 on reverse)

22